Women Changing America
2005 Federal Women's Program
Training Day Clarion Riverwalk Hotel

Thursday, 25 August 2005, 0800-1600
Cost $50.00
Registration deadline COB 19 August 2005

Reservation Form: **To reserve your spot fill out the information below and email Bobrukiewiezj@cnrc.navy.mil or FAX to 295-9636**

Name/Title

_____

Organization/Agency

_____

Address

_____

Office Phone _____ Fax # _____ **(Directions and a map will be e-mailed to attendees prior to 22 Aug**

Email_____

FORM OF PAYMENT (Check one below)

Check _____ (Mail to address below) Cash _____

DD Form 1556 Training Form (or equivalent form) _____ (Mail to address below)

Gov't credit card (IMPAC) _____ (agencies paying for attendees and using the Gov' fill out attached form, can also be used for pe payments)

Make checks payable to AFEB and mail to:

Federal Woman's Program
ATTN: Joan Bobrukiewiez
1950 Stanley Rd, Bldg 2376, Ste 16.
Ft Sam Houston, TX 78234

For additional information or if you have special needs contact:
Ms. Joan Bobrukiewiez (210) 295-9594, e-mail bobrukiewiezj@cnrc.navy.mil or
Ms. Rosie Prieto (210) 977-4831 ext 425, email rosemary.prieto@lackland.af.mil

NOTE: FWP is not a funded agency; therefore, it is necessary that activities requiring funds be self-supporting. Refunds and cancellations will only be permitted until close of business on August 19th. After that date, individuals with reservations, that have not paid and do not attend, will be billed.

Substitute attendees are authorized and encouraged. Thanks for your cooperation!

Alamo Federal Executive Board
7411 John Smith, Suite 1210
San Antonio, Texas 78229-6018

If your organization is paying for the attendee with the ***Government Credit Card*** [either VISA IMPAC card or Mastercard] please complete the following information and submit with the attendee's registration form:

Cardholder's name: _____

Office: _____

Phone: _____

Fax: _____ (needed to fax receipt when payment is processed)

Card: VISA ____ or Mastercard _____ or AMX _____ or Disc _____

Card Number: _____

Expiration Date: _____

This payment is for the following attendee(s) to the FWP Training Seminar on August 25, 2005:

_____

_____

TOTAL OF PAYMENT TO BE PROCESSED: _____

POC for questions:
Carol Blanchard, Admin Asst
Phone (210) 616-8153 Fax (210) 616-8155
Email: Carol.blanchard@med.va.gov